

## **BEFORE THE PREPARATION:**

### **Can I watch a video to learn more about colonoscopy and colon cancer?**

[https://www.youtube.com/watch?v=uCpj\\_Taw8i4](https://www.youtube.com/watch?v=uCpj_Taw8i4)

### **Why is a bowel preparation so important?**

Imagine trying to find a small object in a blizzard, only that blizzard is poop! We need to be able to see very fine details of the lining of your intestine. We need to be able to see where we are going around sharp corners and around thick folds. Without an excellent prep, we know we are less likely find polyps or important lesions. Without an excellent prep the exam takes longer and is more dangerous. Without an excellent prep you do not receive the same benefit of colon cancer prevention. If your prep is inadequate, you and your provider cannot be confident that the best exam possible was done. If your bowel preparation is not EXCELLENT or GOOD, your doctor will likely recommend we repeat the exam in less than a year. No one wants to repeat the preparation more often than they need to. Do it right. Do it once.

### **What happens if my bowel preparation is not good enough?**

Your physician may ask you to continue taking more bowel preparation. You may need to reschedule your exam, take even more bowel preparation, or repeat the exam sooner than usually recommended (e.g. within 1 year or 5 years instead of 10 years). No one wants to do more colonoscopies than they need to! Do the best you can with the first prep.

### **Why do I need to get up so early?**

We have learned that taking a second dose of the preparation as close to the time of the scope is put into the body is very important to getting the best quality exam. The time from the last dose to the time of the scope insertion has been called “runway time”. All night long, after your first prep dose, your gut makes bile, mucus and bacteria. This creates a thick, sticky film on the lining of the colon, which hides even large flat polyps. We feel passionately that if you are going to do an invasive test, that you should do it with the best quality possible. Do it right. Do it once.

### **Isn't there something better?**

Our providers have carefully reviewed all of the prep options available. The best prep possible for you has been prescribed. We know that certain people have more trouble with preparation and we believe one size does not fit all. The bowel preparation we recommend is based on carefully reviewing the world's scientific literature. It takes into consideration your individual health issues. If you feel the need, we would be happy to schedule a one-on-one visit with one of our providers to discuss personal bowel preparation needs. Such a visit is usually not covered by your insurance.

### **What is stool anyway?**

Stool (feces or poop) is made up of debris that you cannot digest (aka residue or fiber), large numbers of bacteria, digestive juices (bile, pancreas juice, stomach juice), water and mucus. Pigments from your food, medications and bile (which is made by your liver) are what gives your stool color. The amount of fluid and fiber residue in the stool is what gives it texture. The breakdown products of digestion and gases made by bacteria are what give it odor.

## **DURING THE PREPARATION**

### **I've finished drinking the prep, and I still haven't pooped.**

Every person's GI tract moves things forward at a different speed. For most people the time for passage of a liquid laxative through the gut to the toilet is 2-4 hours. If you have a slower GI tract, it may be longer than that. If you are more constipated when you start your prep it may be many hours before you have bowel movement. If you have had bowel surgery, it may be much faster, but paradoxically surgery lengthens passage times. Many medications affect transit time. **Don't worry if your individual results vary.**

### **I'm feeling bloated and nauseated. I don't think I can finish the prep. What should I do?**

Many patients will have some discomfort during a bowel preparation. We hope we've convinced you of why it is so important (so YOU get a quality exam). Review the tips and tricks (e.g. drink solution cold, use a straw, use menthol lozenge, walk around, slow down, and take a break). Almost all people are able to tolerate the prep reasonably well. In rare cases, despite your best efforts, you just can't do it and don't think you are clean enough. In this case, please call the endoscopy unit as early as possible for further instructions on the day of your exam.

### **Why can't I have red liquids and why can't I have anything for XX hours before the exam?**

Red dyes will turn the liquid in the bowel the color of blood. It makes it hard for the endoscopist to see where they are going and can make it confusing if there are any bleeding sources that might need to be found. Having an empty stomach (especially liquids) is important with sedation. While you are asleep, it is possible for fluid to flow backwards in to the lungs (called aspiration). This can be a dangerous complication from sedation. Not eating or drinking for hours before the exam (called NPO time) allows your stomach to empty and for the sedation to be done as safely as possible. Most experts agree that no water or any liquids should be taken for 2 hours immediately prior to getting any sedation drug. Fluids like milk and food can take even longer to leave the stomach which is why we recommend the diet and liquid changes prior to our exams. **Please follow your personalized prep instructions, which will tell the specific time to stop drinking liquids.**

### **Why can't I drink alcohol the night before the bowel preparation?**

Alcoholic beverages can have sugars in them. Sugars can cause production of methane gas in the bowel. This can cause an explosion that can result in bowel perforation. In addition, some patients will become dizzy or lightheaded with diarrhea or dehydration. This can be worsened by alcohol and result in a fall with head trauma.

### **Why should I stop my herbal supplements?**

Many herbal products interfere with blood clotting and can affect the metabolism of other medications. Problems with blood clotting can result bleeding complications after invasive procedures. We want the procedure to be as safe for as possible. Since herbal products are not regulated by the FDA, there is no guarantee that the product you are taking contains the ingredients listed at the dose on the bottle. There have been clear examples of herbal products that contained unexpected products. For your safety, we ask that you stop all herbal products **5 days** prior to the exam.

### **Why can't I take fish oil supplements?**

Fish oil in the colon can coat the surface of the scope. If this occurs, the scope must be sent out to the manufacturer for servicing and specialized cleaning. It can also coat the lens of the scope making it impossible to see. It is very important to not take any form of fish oil supplements for five full days before your procedure. You will have to reschedule your appointment if you do not follow this protocol.

## **DIET QUESTIONS**

### **What is a low-residue diet?**

A low residue diet is a diet that limits high fiber foods. You may be asked to follow a low residue diet the day before your procedure. This allows your digestive system time to pass the undigestible residue from high fiber foods that you may have eaten, which allows your gastroenterologist to see inside your colon better. You will have been given a sheet that has an entire list of foods that you can and cannot have while you're on a low residue diet. If you did not receive that sheet and your prep instructions ask for you to follow a low residue diet, please call our office at (541) 768-7838, and we can make sure you get one.

### **I thought I had to be on a low residue diet for several days. I don't see that on my prep instructions. Am I missing something?**

No you're not! Recent evidence does not support a more extended period of low residue diet modification. Our physicians update our protocols periodically as we review the most recent studies. We agreed that it is not necessary to eat a low residue diet for several days prior to the procedure. Your specific prep instructions may say to follow a low residue diet for a period of time the day before your procedure or may say to follow a clear liquid diet for the entire day before your procedure. Please follow your instructions.

### **Why can't I have specific sugar containing liquids?**

Certain sugars can pass through the GI tract (mannitol, sorbitol). Please do not use any "Sugar-free" products sweetened with sorbitol or mannitol. In the colon, bacteria eat these sugars. They produce hydrogen or methane gas as a waste product. These gases and an electric spark called cautery (often used during endoscopy) can result in life-threatening explosions in the bowel. This recommendation is for your safety.

### **What are my protein options on a clear liquid diet?**

You can use a clear liquid product like Ensure Clear as a dietary supplement up until **3-6** hours prior to the exam. **Please follow your personalized prep instructions, which tell you the specific time to stop drinking liquids.**

### **When do I need to stop drinking alcohol?**

Alcohol has many effects on your body and interacts with many medications. We want you to have the safest procedure possible. If you drink every day and drink more than 2 drinks per day as a man and more than 1 drink per day as a woman, this can have bad effects on your health. We ask that you do not drink any alcohol for at least 12 hours before your procedure starts. It is usually best to avoid alcohol during a bowel preparation. If you were drunk while rushing to the bathroom you could get hurt.

## **COLONOSCOPY IN GENERAL:**

### **Why is colonoscopy performed?**

Colonoscopy is used to directly see the lining of the colon to look for conditions such as cancer, colitis (inflammation of the colon) and diverticular disease (small pockets on the colon). Colonoscopy may also be used to investigate unexplained diarrhea, bleeding and anemia. Sometimes colonoscopy is used to evaluate an abnormality seen on other imaging tests such as CT scans and barium studies.

### **What preparation is required?**

Your doctor will tell you what sort of diet and cleansing routine to follow before the test. Your cooperation in this preparation will allow the gastroenterologist to get the clearest and most accurate views possible. In general, the "prep" involves drinking a special cleansing solution, along with plenty of clear fluids, and taking special laxatives by mouth. Be sure to tell your doctor about conditions such as diabetes, heart and/or kidney disease. You should plan your prep diet ahead of time and check with your doctor if you have any questions.

### **Can I take my regular medications?**

Most medications can continue to be taken as directed, but some can interfere with the preparation or the examination. You should tell your doctor about all your medications, especially aspirin products, anti-inflammatory medications such as ibuprofen, pain medicines, blood thinners, insulin or iron supplements. Don't forget to mention "over the counter" supplements that you may be taking as well. Preoperative antibiotics are almost never recommended now even if you have previously required antibiotics before dental or medical procedure. Please discuss any concerns with your gastroenterologist.

### **Is colonoscopy painful?**

A colonoscopy is a very comfortable exam because it is usually done with intravenous sedation. This means that you will be in a very sleepy state during the procedure. Most patients are not even aware that the procedure happened when they wake up.

### **What happens during a colonoscopy?**

Most doctors perform colonoscopy in a procedure room with a video monitor. After your medical history has been reviewed and the medical staff has explained the procedure and answered any questions you may have, you will sign a consent form.

You will then be connected to equipment that monitors your heart rate, blood pressure and oxygen levels. Before the procedure, an IV will be started in your arm so that sedatives and other medications can be administered.

You will lie on your left side typically and once sedated your doctor slowly advances the scope through your colon. Air is pumped into the colon to allow expansion for a careful examination of the lining. Water may also be used to wash any fecal residue. There is also a suction device attached to the scope to remove any remaining fluid from the prep.

The scope is slowly and carefully advanced around the colon to the point where the large intestine joins the small intestine in the right lower region of the abdomen, near the appendix. If polyps are found they are removed. Any abnormal tissue is biopsied. The procedure usually takes 20 to 60 minutes, although you should plan on being in the endoscopy unit for a total of two to three hours to account for preparation, procedure and recovery.

### **What happens if the colonoscopy shows something abnormal?**

One of the main advantages of colonoscopy over other types of tests is its ability to sample abnormal areas of the colon for further evaluation. Sometimes your doctor will take biopsies in areas that look normal to the naked eye. If you are having a colonoscopy because of internal bleeding, your doctor may decide to cauterize or clip the bleeding vessels with

Bowel preparation – Frequently Asked Questions – DO IT RIGHT, DO IT ONCE

special instruments passed through the scope. Such procedures rarely cause any pain. If a polyp is found, it is removed and then sent to the pathology lab for microscopic evaluation.

### **Why is polyp removal (polypectomy) performed if found during the colonoscopy?**

One of the most common uses of colonoscopy is for screening and prevention of colon cancer. Finding a potentially precancerous polyp is important as most cancers can be prevented by removing the polyp before it has a chance to become cancerous. Polyps vary in size from about the size of a pea to several inches and are usually harmless. However, some polyps can become cancerous and for this reason, they are usually removed during the colonoscopy. This procedure is called a "polypectomy." In most cases, your doctor cannot tell which polyps may eventually become cancerous, so the whole polyp, or at least a sample of it, needs to be examined under a microscope. The ability to safely and painlessly remove such growths before they become cancerous has made colon cancer one of the most preventable cancers in the world.

### **What happens after a colonoscopy?**

Your physician will explain the results of the examination, but you will probably have to wait for the results of any biopsies. If you received sedatives during the exam, you will need to have a friend or relative take you home. Even if you feel alert after the procedure, your judgment and reflexes could be impaired for the rest of the day. Because your doctor used air to inflate the colon when looking at the lining of the colon, you might experience some cramping or bloating. This feeling should disappear once you start passing gas. Although you should be able to eat shortly after the examination, your doctor might restrict your diet and activities if a procedure, such as removing a polyp, was performed.

### **What are the possible complications or risks of colonoscopy?**

Colonoscopy and the special techniques mentioned above are very safe when performed by specially trained doctors with experience performing these types of procedures. As with any medical procedure, even in expert hands, unintended events may happen and you need to be aware of the potential consequences.

There is a small risk of having a reaction to any of the drugs given during the exam. In most cases, medications are available to counteract these side effects. A rare complication is tearing or perforation of the lining of the intestine. Should this occur, surgery may be needed to seal the injury. Another risk is bleeding, usually at the site of a biopsy or polyp removal. Most cases of bleeding stop without treatment or can be controlled at the time of procedure.

### **What sort of things should concern me after the colonoscopy?**

Although complications after colonoscopy are uncommon, it is important to be aware of early signs that something is wrong. You should not hesitate to contact your doctor up to two weeks after the colonoscopy if you feel abdominal pain, left-shoulder pain, dizziness, fever/chills, or notice blood in your stools.

### **Are there alternatives to colonoscopy?**

There are a number of ways to examine the colon and each method has its advantages and disadvantages. In the past, X-rays were combined with a special dye inserted through the anus (barium enema) as the standard test to look for abnormalities inside the colon. This method is still sometimes used (usually when a complete colonoscopy is not possible), but has largely been replaced by direct examination of the colon by colonoscopy. Colonoscopy is the only approach that provides a diagnosis by taking a biopsy and reduces the risk of colon cancer by removing polyps. Colonoscopy is the only test that prevents colon cancer. All other tests detect colon cancer once it has developed. Other tests such as virtual colonoscopy (or CT colonography, a type of CT scan) are being evaluated for select situations. Experts have not established guidelines for the use of tests like virtual colonoscopy and abnormal results often still require clarification with a standard colonoscopy. In 2015, fecal DNA testing has been approved by Medicare every 3 years for colon cancer screening if you have no family or personal history of colon polyps or colon cancer and no GI symptoms (like a change in bowel habits or blood in the stool). The best test is the one you are most willing to do! Almost all abnormal alternative tests need a colonoscopy to follow up on abnormal findings.

## **SPECIAL SITUATIONS**

### **What pain medications can I take around the time of my procedure?**

If you take prescribed pain medications on a daily basis, we want you to keep taking them. If you take them only a few times a week, and are able to avoid them for **5 days** before your procedure, it is best to avoid them. You can take ACETAMINOPHEN (also known as TYLENOL or non-aspirin pain reliever) up to 2000 mg per day very safely.

### **When is my stool clear enough?**

We want your stool to look like urine. If it is brown, you haven't gotten enough prep down. It should not have particles. You should be able to see to the bottom of the toilet. It is normal for the clear diarrhea fluid to be tinged with yellow, green (bile) or orange (food coloring dyes). Brown is bad. If you have finished the bowel prep as instructed and your stool is still brown, please coordinate with the endoscopy center first thing in the morning for further instructions.

### **My pharmacist told me to take the preparation differently than your instructions.**

This is not uncommon. We are specialists in colonoscopy and bowel preparation. Please follow our instructions even if they conflict with your pharmacist's recommendations. If you have questions, please contact your GI provider.

### **I have an ileostomy or colostomy. What should I do?**

Your bowel preparation will need to be customized based on the intent of the exam and your post-surgical anatomy. Please review this with our office and ensure all questions are answered several business days prior to starting your preparation.

### **What if I feel like my blood sugar is too low?**

You can drink clear fluids up until 2 hours before your procedure. You may use a sugar containing clear soft drink like Sprite or 7UP, or a fructose containing beverage like apple juice. You may also mix a spoonful of sugar in 8 ounces of water if you have neither available. Most pharmacies sell dissolving glucose tablets. You may take these any time before your procedure. It's not a bad idea to have these in your first aid kit if you are diabetic.

### **What should I do about regulating my blood sugar while I'm preparing for a colonoscopy?**

The goal in treatment of diabetes is to avoid sugars that are too high for too long. One or two days of high blood sugars (Finger sticks <300) will not be harmful. If your sugars are >350 please call your doctor. However, we are most worried about blood sugars that are too low (<70) as this can be life-threatening. We will have asked you to modify your blood sugar lowering medications during your bowel preparation. Most people's livers will store sugar for up to 24 hours before your body starts shifting to other forms of metabolism to create blood sugar. Life threatening hypoglycemia is actually very rare without insulin overdose.